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An Inaugural Thesis

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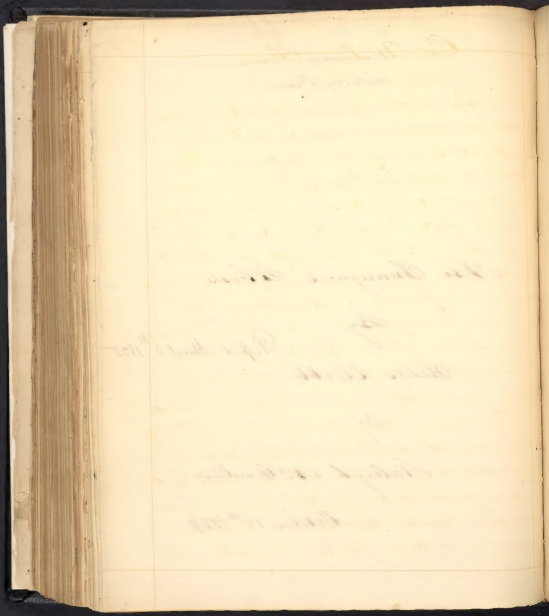
Read March 5<sup>th</sup> 1825

Silas Webb

of

Raleigh N. Carolina

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## On Miliary Fever.

It is the opinion of Dr Caldwell, the judicious annotator of Dr Cullen's First Lines of the Practice of Physic, that Miliary Fever is a disease, very little, if at all, known in this Country, and that he is yet to be convinced of its existence amongst us. That it does exist, however, I am convinced from personal observations. It is, principally, to be met with, in those portions of our Western and some Middle States, where the land is unproductive and thinly inhabited, and where the people are extremely ignorant on all subjects, but more particularly on every thing relating to our profession. It is in such parts of our Country that skillful Practitioners are rarely to be found, and where the



have found pretenders of our art, having  
 none at all, hardly any check upon them,  
 exert their most baneful influence  
 upon society. And, hence, the  
 productive sources of Malign Fever,  
 are, in those parts, of our otherwise  
 happy land, ~~more~~ by no means  
 wanting, and will be frequently  
 found very abundant. Indeed  
 the Practitioners of those parts of  
 our country, to which I have  
 alluded, chiefly consist of itinerant  
 Leeches, and ignorant and conceited  
 old women. These Itinerants as they  
 pass through our country, ~~scare~~  
 scatter their nostrums with a boldness  
 and presumption, which can only  
 be equalled by their ignorance and  
 stupidity. Such practice conjoined with  
 that, of their able coadjutors, the old



women, is too frequently the only medical aid, to which those destitute and unfortunate people can have access, since regularly-bred Practitioners can seldom obtain a competency in neighbourhoods so thinly settled and so poorly able to pay them for their services. When medicine is thus administered, by the hands of the unskilful, it is evident, that if the energetic powers of Nature do not counteract its injurious effects and restore health to the patient in spite of the accumulated obstacles, which she has to encounter, that the most injurious consequences may be expected. The practice of these persons is similar to that of the ancients. Sweating, with them was a favourite resource, and it was effected by deluging the Stomach with warm beverages and stimulating

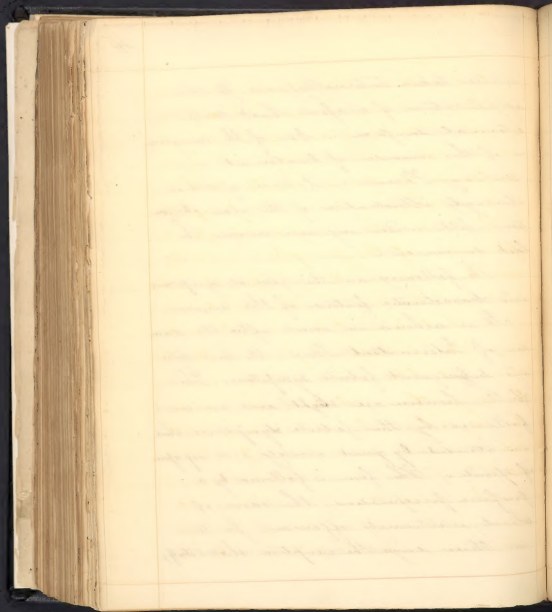




articles taken internally, and by the application of escriptive heat to the external surface. One of the consequences of this mode of treatment, is Miliary Fever. A case of which, strongly illustrative of the above observations, fell under my care during the last summer.

The following are the general symptoms and characteristic features of the disease.

It is ushered in, much after the manner of Intermittent Fever. We have chills and subsequent febrile symptoms. The chills, however are slight, and are soon followed by the febrile symptoms, which are attended by great anxiety, and delirium of spirits. The fever is followed by a profuse perspiration, the odour of which, is extremely offensive. In two or three days the eruption shows itself;



at first scattered, but at once becomes  
 so thick as to be in clusters. The eruption  
 consists of extremely small red pimples,  
 whose prominence though not easily  
 discovered by the eye on their first  
 appearance are however very perceptible  
 to the touch. In a day or two after the  
 formation of the pimples, a small  
 vesicle is seen on the apex of each, which  
 is at first transparent then turbid and  
 in a short time it becomes white sur-  
 rounding the presence of pus, and then they  
 stand out like small globules. In a  
 few days these globules break and as  
 they dry, exhibit the appearance of small  
 scales, which soon fall off. While one  
 set of eruptions are passing away,  
 another succeeds. The eruptions first  
 commence on those parts of the body,  
 which are most closely confined to the



appeared; however no part of the surface  
is exempt from their attack, and even  
the hands & feet are affected.

It is stated by Thomas that the redness of  
the eruptions occasionally disappears and  
that the parts attacked become of the ordinary  
colour of the skin. This however I did  
not observe to be the case, previous to the  
degeneration, in the patient whom I  
attended with the disease last summer.  
(While the perspiration was copious  
continued the patient is much tormented  
by a disagreeable pruritus and burning of  
the skin. Generally the eruption terminates  
in the neck and breast & is ultimately  
extended over the whole surface of the  
body. The integuments of the face & of the  
hands and of the soles of the feet are  
particularly affected, and the pain and  
irritation there felt, is much greater than



in any other parts of the body. Which  
is owing to the eruptions during their inflam-  
mation being bound down by the scabs  
and thus a suppuration covering of the  
parts. And by passing over the skin sub.  
the inflammation has existed long enough  
in the integuments of these parts as the  
hands and feet already mentioned, as  
discovered innumerable small cavities filled  
with pus. The skin in consequence of the  
even inflammation which has existed in  
it, is much thickened and indurated, but  
its sensibility is not so much destroyed  
that I have known extremely thick pieces  
of skin from these parts as the hands  
or feet, to be pared away without the  
slightest pain to the patient.

During the whole course of the disease,  
the stomach is extremely irritated with  
a considerable degree of nausea. The





in least food occasions much gastric distress, and eventually very much aggravates all the worse symptoms in the disease. And the patient finds no relief unless the offending matter be discharged from the stomach. The first notice, which the patient has of the disengagement of his food, is a considerable increase of the prickling and itching of his hands and feet, so accompanied by a considerable <sup>burning</sup> irritation of these parts.

In consequence of the great heat over the whole surface and the copious flow of perspiration, the patient suffers a great deal from thirst. In consequence of the very great and continued discharge from the skin the urinary organs are in a very irritable condition and the discharge of urine is extremely small in quantity.

In the inflammatory type of the disease there is much determination of blood to



the head, which is manifested by a condition of the face, vertigo, and the incoherent talking of the patient during sleep.

There is also a considerable nervous irritability of the system occasioning a constant action of the muscles of the leg and of some other parts of the body.

With regard to the cause of this disease, I may observe, that like most of the other Exanthematata, it is principally of gastric origin, most usually arising from acrid and stimulating articles taken into the stomach aided by the application of much external heat as before mentioned.

I am of opinion that the disease is always the consequence of much debility combined with the cause stated above. I have generally found it to attack those who had previously lost much blood.



Such no doubt is the fact when the disease is of the Typhoid type; but the case which I have mentioned as falling more particularly under my own observation, was of a highly inflammatory character, when the symptoms strongly indicated. Venesection and other depleting remedies.

This disease is incumbent on both sexes but to females particularly and the more especially, when they are in a particular condition.

Miliary Fever differs from the other Exanthemata, in not being, either contagious or epidemic; nor has it any determinate duration, but it may continue from three to six weeks or even longer, and the same person may have it many times.

I will now pass on to the treatment of the disease. At the first



view of the symptoms, the indications of cure appear plain and simple; but whosoever meets with a severe case of this malady will often, during its progress, find himself much embarrassed to adapt his remedies to each particular indication. Some Practitioners are of opinion, that the admission of much cool air is generally injurious in the treatment of the Exanthemata; but as the disease under consideration may be of a highly inflammatory type, whenever such is the case, it must be obvious to every reflecting mind, that any practice which is not antiphlogistic, must be extremely hazardous and altogether deleterious to the patient.

The morbid flow of perspiration appears to be intimately associated with the eruptive





as it generally precedes and accompanies it this profuse secretion from the skin occasions great prostration of strength, and consequently the first indication is to restrain this inordinate discharge.

The second indication is to arrest the progress of the eruption; and the third indication is to give tone to the system.

The first indication may be fulfilled by the following treatment. The patient's body is to be kept as cool as possible by wearing very thin apparel and as little of it as will barely suffice to cover him. A pallet is preferable to a bed, &c. last a bed is almost insupportable as it keeps the patient very restless in consequence of the great accumulation of heat which is produced. When the weather is warm, all the windows and doors may be thrown open, and continued so every night as I have not



should any injury result from this plan of procedure.

Come secondly, to treat of the second indication, viz the arrestation of the progress of the eruption. It is observed by Thomas that Military eruptions, sometimes accompany inflammatory affections, when, he says, it will be necessary to have recourse to gentle aperients, or laxative Clysters, but that bleeding ought never to be used. We are compelled, however, to dissent from this line of authority, since it must be obvious that this practice is too inert under those circumstances, when a highly inflammatory diathesis exists; as, from observation, I am convinced is sometimes the case, and then a more energetic practice must be adopted, and it will, in fact, often be found absolutely necessary to the cure of our patients. I am fully persuaded that



when the fever is of the highly inflammatory type, there is no substitute for the lancet, as not only the head but the pulse also gives evident tokens of considerable plethora.

Under such circumstances Venesection will generally be required six or eight times for the reduction of the inflammatory symptoms, & to depletion by the lancet, evacuations of the bowels will be found most important, in the management of this disease; and for this purpose I think the saline cathartics are preferable. By the copious watery stools which they produce, they exert a considerable influence in the reduction of the arterial action and calming the morbid irritability of the system and especially of the external surface. Almost any of the saline cathartics will answer very well, but perhaps the Epsom Salts would be most desirable. A little magnesia added



to this preparation will improve its efficacy; in consequence of the acids, almost always exist in the stomach during this disease.

Throughout the whole course of the disease, the most cooling drinks are to be employed.

As then Salty Water may be used very advantageously. It is agreeable to the patient and speedily mitigates the existing irritability of the stomach.

For the relief of the constant prickling in the hands and feet, it will be found useful to bathe them frequently in very cold water.

The third indication is to give done so far as possible. So the time that the morbid flow of perspiration is arrested, the irritability of the stomach increased, and the eruption begins finally to appear the patient will be found much debilitated and it will be found necessary to support and strengthen him by tonic medicines.





Of these, the chalybeates are to be preferred. They are preferable to the Peruvian Bark, since the latter, if given whilst the slightest degree of fever remains and when the irritability of the stomach is not altogether relieved, never fails to disturb the patient and may produce a relapse.

Through the whole course of the disease, the ~~retention~~ <sup>retention</sup> should be observed as regards diet. This should be of the lightest nature. The stomach will not, for a long time, bear animal food. During convalescence, milk and mush will be found to answer very well. Buttermilk, also, sits well on the stomach. When all the appearances of the eruptions have vanished we may ~~then~~ allow a little boiled chicken or other meats which are easily digested; the return, however, to the accustomed diet, should be extremely gradual.



An

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